

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/089270** FILING DATE

APPLICANT(S)

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
1				
2				
3				
4				
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10		1		
11			1	
12			1	
13		1		
14	1			
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48				
49				
50				
TOTAL ID.				
TOTAL EP.				
TOTAL CLAIMS				

TOTAL IND.			
TOTAL DEP.			
TOTAL CLAIMS			